

VCC - Vendor/Customer Creation Document

Header Section

General Information

Document Name :

Record Date : 

Document Description :

Extended Description

Extended Description :

Vendor/Customer Section

General Information

Vendor/Customer :

Organization Type :

Auto Generate :

First Name :

Legal Name :

Middle Name :

Alias/DBA :

Last Name :

Location Name :

Company Name :

Department : >

Unit : >

Headquarters

Headquarters Account Code : > Web Address http:// :

Headquarters Account Legal Name : Catalog DUNS :

Franchise Account :

Account Indicators

Restrict Use by Department : Third Party Only :

Summary Account : Third Party Vendor :

Internal Account : Third Party Customer :

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Organization

Classification :	<input type="text"/>	Taxpayer ID Number :	<input type="text"/> >
Number of Employees :	<input type="text"/>	Taxpayer ID Number Type :	<input type="text"/>
Merchant ID :	<input type="text"/>	W-8 Form :	<input type="text"/>
Sex :	<input type="text"/>	Tax Profile :	<input type="text"/> >
Date of Birth :	<input type="text"/>	Tax Profile Name :	<input type="text"/>
Marital Status :	<input type="text"/>	EBIC Number :	<input type="text"/>
Annual Income :	<input type="text"/>	IAEC Number :	<input type="text"/>
		Web Address http:// :	<input type="text"/>

Disbursement Options

Category :	<input type="text"/> >	Hold Payment:	<input type="checkbox"/>
Description :	<input type="text"/>	Hold Payment Authorized By :	<input type="text"/> >
Default Type :	<input type="text"/>	Hold Reason :	<input type="text"/>
Default Priority :	<input type="text"/> >	Prevent New Spending :	<input type="text"/>
Default Format :	<input type="text"/> >		
Default Format Description :	<input type="text"/>		
Scheduled Payment Day :	<input type="text"/>		
Single Payment Indicator :	<input type="checkbox"/>		
Name on Check :	<input type="text"/>		

Prenote/EFT

Generate EFT Payment :	<input type="checkbox"/>	EFT Format:	<input type="text"/> >
ABA Number :	<input type="text"/> >	EFT Format Description :	<input type="text"/>
Bank Name :	<input type="text"/>	EFT Status :	<input type="text"/>
Account Type :	<input type="text"/>	Hold Reason :	<input type="text"/>
Account Number :	<input type="text"/>		
Routing ID Number :	<input type="text"/>		
Prenote Return Reason :	<input type="text"/> >	Prenote Return Reason Explanation :	<input type="text"/>
Prenote Return Reason Message :	<input type="text"/>		

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▼ Remittance Advice

Remittance Advice Required :

Remittance Advice Format : >

Remittance Advice Format Description :

▼ Vendor Terms

Number of Days 1 :

Number of Days 3 :

Discount Percent 1 :

Discount Percent 3 :

Discount Always 1 :

Discount Always 3 :

Number of Days 2 :

Number of Days 4 :

Discount Percent 2 :

Discount Percent 4 :

Discount Always 2 :

Discount Always 4 :

▼ Accounts Receivable

Default Receipt Type :

Bill Headquarters :

Default Billing Profile : >

Third Party Code : >

Cost Accounting Funding Type :

Third Party Name :

Credit Card Type :

Third Party Approved By : >

Credit Card Number :

Name on Card :

Third Party Reason :

Credit Card Expiration Month :

Credit Card Expiration Year :

▼ eMALL

Ordering DUNS :

Preferred Ordering Method :

Internet Catalog :

Pcard Acceptance Level :

VSS Registered :

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Address Section

Vendor/Customer :	<input type="text"/>	Active From :	<input type="text"/> 
Address Type :	<input type="text"/> 	Active To :	<input type="text"/> 
Division/Department :	<input type="text"/>	Default Record :	<input type="checkbox"/>
Additional Address Info. :	<input type="text"/>	Mail Returned :	<input type="checkbox"/>
Bypass Address Validation : <input type="checkbox"/>			

▼ Address Information

Address ID :	<input type="text"/> 	Country Phone Code :	<input type="text"/>
Auto Generate :	<input type="checkbox"/>	Phone :	<input type="text"/>
Street 1 :	<input type="text"/>	Phone Extension :	<input type="text"/>
Street 2 :	<input type="text"/>	County :	<input type="text"/> 
City :	<input type="text"/>	County Name :	<input type="text"/>
State/Province :	<input type="text"/> 	Country :	<input type="text"/> 
Zip/Postal Code :	<input type="text"/>		

▼ Contact Information

Principal Contact ID :	<input type="text"/> 	Alternate Phone :	<input type="text"/>
Auto Generate :	<input type="checkbox"/>	Alternate Phone Extension :	<input type="text"/>
Principal Contact:	<input type="text"/>	Fax:	<input type="text"/>
English Spoken :	<input type="checkbox"/>	Fax Extension :	<input type="text"/>
Correspondence Type :	<input type="text"/> 	Alternate Fax:	<input type="text"/>
Email :	<input type="text"/>	Alternate Fax Extension :	<input type="text"/>
Phone :	<input type="text"/>		
Phone Extension :	<input type="text"/>		

▼ Contact Address Information

Street 1 :	<input type="text"/>	Zip/Postal Code :	<input type="text"/>
Street 2 :	<input type="text"/>	County :	<input type="text"/> 
City :	<input type="text"/>	County Name :	<input type="text"/>
State/Province :	<input type="text"/> 	Country :	<input type="text"/> 

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Customer Account Section

General Information

Vendor/Customer :	<input type="text"/>	Suppress Billing : <input type="checkbox"/>
Address ID :	<input type="text"/>	Suppress Past Due Billing : <input type="checkbox"/>
Dept :	<input type="text"/> >	Collection Cycle : <input type="text"/> >
Unit :	<input type="text"/> >	Electronic File Type : <input type="text"/> >
Billing Profile :	<input type="text"/> >	File Prefix : <input type="text"/>
Billing Type :	<input type="text"/>	
Billing Location :	<input type="text"/> ▾	

Third Party Options

Third Party 1 :	<input type="text"/> >	Third Party 6 :	<input type="text"/> >
Address ID :	<input type="text"/> >	Address ID :	<input type="text"/> >
Third Party 2 :	<input type="text"/> >	Third Party 7 :	<input type="text"/> >
Address ID :	<input type="text"/> >	Address ID :	<input type="text"/> >
Third Party 3 :	<input type="text"/> >	Third Party 8 :	<input type="text"/> >
Address ID :	<input type="text"/> >	Address ID :	<input type="text"/> >
Third Party 4 :	<input type="text"/> >	Third Party 9 :	<input type="text"/> >
Address ID :	<input type="text"/> >	Address ID :	<input type="text"/> >
Third Party 5 :	<input type="text"/> >	Third Party 10 :	<input type="text"/> >
Address ID :	<input type="text"/> >	Address ID :	<input type="text"/> >

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1099 Reporting Information Section

▼ Taxpayer Information

Vendor/Customer :	Last Name :
Taxpayer ID Number :	Name Control :
Taxpayer ID Number Type :	Backup Withholding : <input type="checkbox"/>
Name :	1099 Reportable : <input type="checkbox"/>
Names :	1042-S Reportable : <input type="checkbox"/>
Address :	Bypass Address Validation : <input type="checkbox"/>
City :	
State :	>
ZIP Code :	

▼ 1042-S Reporting Information

Country Code :	Income Code :
Country Name :	Income Code Name :
Country Tax Rate :	Exemption Code :
Withholding Allowances :	Exemption Code Name :
	Recipient Code :
	Recipient Code Name :

Business Type Section

Vendor/Customer :	
Business Type ID :	>
Business Type :	
Certification Number :	
Certification Start Date :	<input type="text"/> 
Certification End Date :	<input type="text"/> 

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Service Area Section

Vendor/Customer :

Service Area : >

Service Area Zone :

Commodity Section

Vendor/Customer :

Commodity : >

Commodity Description :

Authorized Department Section

Vendor/Customer : Authorized By : >

Department : >

Prevent Spending Section

Vendor/Customer : Authorized By : >

Department : >

Certification Section

Vendor/Customer :

▼ Certification Status

Vendor Active Status : <input type="text"/>	Customer Active Status : <input type="text"/>
Vendor Approval Status : <input type="text"/>	Customer Approval Status : <input type="text"/>